

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

31431

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rt # 2 0920			
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home				d. STREET ADDRESS (If rural, give location) Rural Rt # 2			
3. NAME OF DECEASED (Type or Print)		a. (First) Anna		b. (Middle) Catherine		c. (Last) Micka	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1950	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		8. DATE OF BIRTH May 26 1878		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 1 MRS. Hours Min.	
11a. BIRTHPLACE (State or foreign country) St Charles Mo		11b. CITIZEN OF WHAT COUNTRY? USA		12. BIRTHPLACE (State or foreign country) St Charles Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Seiling		13b. MOTHER'S MAIDEN NAME Klizabeth Boshert		14. NAME OF HUSBAND OR WIFE Louis Micka			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Micka Rt 2 St Charles Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease unknown ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4200	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from December 1949 , to Sept. 15, 1950 that I last saw the deceased alive on Sept. 15, 1950 , and that death occurred at 2:20 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Doc 2. Randall, M. D.		23b. ADDRESS 207 W. 5th St., St. Charles Mo.		23c. DATE SIGNED 9/14/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 18 1950		24c. NAME OF CEMETERY OR CREMATORY St Peters Cemetery		24d. LOCATION (City, town, or county) (State) St Charles County Mo.	
DATE REC'D BY LOCAL REG. 9-16-50		REGISTRAR'S SIGNATURE Travis		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warkmann Bone St Charles Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
SEP 25 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Arthur C. Bone

Licensed Embalmer No. *315-V*

P. O. Address *St Charles Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.